

Park High School

102 View Vista Drive • Livingston, MT 59047
Phone: (406) 222-0448 • Fax: (406) 222-9404

Request for Transfer of All Educational Records

To: REGISTRAR

Name of Previous School

_____-_____-_____
Previous School Phone

Mailing Address of Previous School

_____-_____-_____
Previous School Fax

City State ZIP

NAME OF STUDENT:


Legal Last Name First Name Middle Name

_____/_____/_____
Grade Entering Date of Birth

Current Address

_____-_____-_____
Home Phone

Student **IS / IS NOT** enrolled in: Special Education 504 Title I
(circle one) (check any if applicable)



Parent/Guardian Signature

Date

The above named student is enrolled in Park High School. Please fax/mail records to us as soon as possible.

MAIL THE SCHOOL CUMULATIVE FILE TO:

Registrar
Park High School
102 View Vista Drive
Livingston, MT 59047
Phone: (406) 222-0448 Fax: (406) 222-9404

MAIL THE SPECIAL EDUCATION FILE TO:

Records
Park County Special Education Cooperative
129 River Drive
Livingston, MT 59047
Phone: (406) 222-6600 Fax: (406) 222-6601

To expedite the enrollment process, please FAX the following to us:

1. Official Transcript
2. Immunization Record
3. Birth Certificate
4. Student in Good Standing Form (attached – to be completed by Administrator)
5. Discipline and Attendance Records
6. Transfer Grades
7. Last Report Cards
8. Special Education IEP, Eligibility Documents, & Psych reports (*if applicable*)

Registrar / Authorized School Official

Date Request Faxed